



STATE OF NEBRASKA

# Dollar and Energy Saving Loans

## Lighting Projects Application

FORM

4

Name

Mailing Address

Building Age (Yrs)

**EXISTING LIGHTING EQUIPMENT DESCRIPTION**

Lamp Type: ☐ Incandescent ☐ Mercury Vapor ☐ Fluorescent ☐ Other \_\_\_\_\_

Lamp Watts \_\_\_\_\_ Lamps per Fixture \_\_\_\_\_ Number of Fixtures \_\_\_\_\_

**PROPOSED ENERGY EFFICIENCY IMPROVEMENTS**

Nebraska Energy Office Use Only	Type(s) of Improvement(s)	Description of Improvement(s)	Estimated Cost
1 <input type="checkbox"/> Compact Fluorescent		Lamp Manufacturer and Code	Number of Lamps
		Fixture Manufacturer and Model Number	Number of Fixtures
2 <input type="checkbox"/> Full-Sized Fluorescent (T-8 or smaller diameter)		Lamp Manufacturer and Code	Number of Lamps
		Ballast Manufacturer and Model Number	Number of Ballasts
		Fixture Manufacturer and Model Number	Number of Fixtures
3 <input type="checkbox"/> High Intensity Discharge		Lamp Manufacturer and Code	Number of Lamps
		Fixture Manufacturer and Model Number	Number of Fixtures
4 <input type="checkbox"/> LED Exit Signs		Fixture or Kit Manufacturer and Model Number	Number of Fixtures or Kits
5 <input type="checkbox"/> Controls		Photocell Manufacturer and Model Number	Number of Controls
		Occupancy Sensor Manufacturer and Model Number	Number of Controls
		Timeclock Manufacturer and Model Number	Number of Controls
6 <input type="checkbox"/> Convert Gas Light to Electric (New light must have manual and photocell controls)		Describe and List Number of Lights Converted	\$

TOTAL OF LINES 1 THROUGH 6 .....

\$

**FUEL SUPPLIERS (If you have already completed FORM 1, 2 or 3, do not complete the section below)**

Energy Source	Utility or Supplier	Mailing Address	Phone Number	Account No.
Electricity	<input type="checkbox"/> * <input type="checkbox"/> *			
<input type="checkbox"/> Natural Gas or	<input type="checkbox"/> *			
<input type="checkbox"/> Propane	<input type="checkbox"/> *			
Other (Specify)	<input type="checkbox"/> *			
Other (Specify)	<input type="checkbox"/> *			

\* Mark this box if the utility account is not in your name. Then attach the appropriate completed Form 35(s).

**Signature****Nebraska Energy Office Use Only**

I hereby authorize the Nebraska Energy Office to obtain energy consumption, cost and billing information from the energy suppliers listed above. This information may include past and present as well as future consumption, cost and billing patterns. I also certify all the information supplied above is true and correct to the best of my knowledge and belief and that I will permit my lender and the Nebraska Energy Office, as they deem necessary, to have access to the subject property and records in order to make on-site inspections of the improvements or replacements I am making under the program. The work described above will be completed within 120 days after my lender receives a signed commitment from the Energy Office.

sign  
here

Signature

Date

**You may NOT contract for or undertake the project you propose in this application prior to the Energy Office signing a Commitment Agreement (FORM 10) with your lender to participate in the loan.**

**If you do so, you will lose your eligibility to finance the project with a low interest loan.**

You may accept a bid, contingent on the Energy Office's signed commitment of funding, to lock in the price, but you may not proceed with the work or contractually obligate yourself to proceed until your lender notifies you that the Energy Office has signed the Commitment Agreement on your loan.

## INSTRUCTIONS

**WHO MAY APPLY.** Any legal resident of Nebraska may apply for a Dollar and Energy Saving Loan. A legal resident is a person who is domiciled in Nebraska **or** who has maintained a permanent residence and spent over six months in Nebraska.

**GETTING BIDS.** You should get bids or quotes first, so you will have them available for your lender.

**WHERE TO FILE.** Take this form and any accompanying bids or quotes to your participating lender for loan processing. If the lender of your choice is not participating in this program, contact the Nebraska Energy Office for the lender nearest you.

**FOR INFORMATION** contact the Nebraska Energy Office, P.O. Box 95085, Lincoln, NE 68509-5085, Phone (402) 471-2867.

### SPECIFIC LINE INSTRUCTIONS

**NAME, ADDRESS and BUILDING AGE.** Print or type your name and mailing address in the space provided. If the lighting system improvements are to be installed in or attached to a building, give the age of the building in years. Otherwise, mark "NA". These improvements may not be installed in a building which is less than five years old.

**EXISTING LIGHTING EQUIPMENT DESCRIPTION.** Check the box for the type of lighting equipment which will be replaced or modified. Then complete the description for the lamp watts, number of lamps per fixture and number of fixtures to be replaced or modified. *If you are replacing or modifying different types of lighting fixtures, attach additional copies of Form 4 for the other replacements or modifications.*

**PROPOSED ENERGY EFFICIENCY IMPROVEMENTS.** Complete the requested information as described below. The estimated cost for projects on this form should be clearly itemized on the price quote or contractor's proposal.

**LINES 1-4.** Check the box for the type of replacement lighting equipment or components to be installed and com-

plete the rest of the information requested on that particular line. For example, on Line 2, if you are replacing the lamps and ballasts in existing fluorescent fixtures, you would identify the lamp and ballast manufacturers and model numbers and the number of each to be installed, and then would mark "NA" for the fixture manufacturer and "0" for the number of fixtures. On the other hand, if you are installing new fluorescent fixtures in place of your current incandescent lighting, you would complete the same information as above, but also identify the manufacturer, model number and number of new fixtures to be installed. *To qualify for Dollar and Energy Saving Loans, the total connected watts of the proposed lighting system must be at least 15 percent less than the total connected watts of the existing lighting system described above.*

**LINE 5.** Provide the requested information for each of the controls you propose to install on the existing or modified lighting system.

**LINE 6.** Provide the requested information. Make sure the electric light has both manual and automatic (photocell) controls.

**FUEL SUPPLIERS.** If you have *not* completed this information on a Form 1, 2 or 3, provide the name, mailing address, telephone number and your account number for your electricity utility and each of the fuel suppliers serving this address. If the only energy source for the building is electricity, check the box provided. If an account is not in your name, then check the box and attach a completed Form 35 with the information for that fuel supplier. (This might happen where a landlord is seeking a loan, but the tenant pays the energy bill.)

**SIGNATURE.** Sign and date this application and attach cost quotes and/or contractor's proposals for all the improvements described on this form. Take this application to the local lending institution of your choice to apply for a Dollar and Energy Saving Loan.